CDC

January 19, 2001 / Vol. 50 / No. 2

MMWR™

MORBIDITY AND MORTALITY
WEEKLY REPORT

21 Update: Outbreak of Acute Febrile Illness Among Athletes Participating in Eco-Challenge-Sabah 2000 — Borneo, Malaysia, 2000
24 Health-Related Quality of Life Among Persons With Epilepsy — Texas, 1998
35 Notice to Readers

Update: Outbreak of Acute Febrile Illness Among Athletes Participating in Eco-Challenge-Sabah 2000 — Borneo, Malaysia, 2000

During September 7–11, 2000, CDC was notified by the Idaho Department of Health, the Los Angeles County Department of Health Services, and the GeoSentinel Global Surveillance Network of at least 20 cases of acute febrile illness in three countries; all ill patients had participated in the Eco-Challenge-Sabah 2000 multisport expedition race in Borneo, Malaysia, during August 21–September 3, 2000 (*1*). Participants included athletes from 29 U.S. states and 26 countries. This report updates the ongoing investigation of this outbreak through December 2, which suggests that *Leptospira* were the cause of illness and that water from the Segama River was the primary source of infection. Participants in adventure sports and exotic tourism should be aware of potential exposure to unusual and emerging infectious agents.

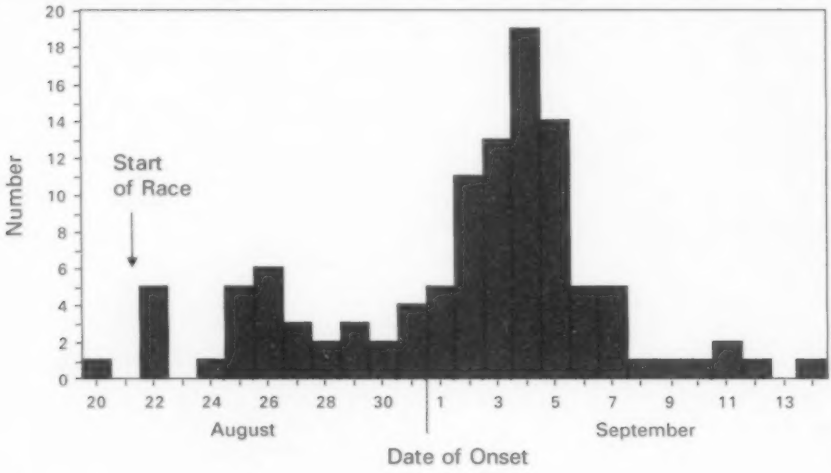
To identify cases of febrile illness occurring at the time of the race, a standardized telephone questionnaire was administered to the athletes. Of the 304 athletes who participated in the event, 158 (52%) were contacted, including 126 (90%) of the 140 U.S. athletes. A case was defined as the acute onset of fever occurring on or after August 21, and at least two of the following symptoms: chills, myalgias, headache, diarrhea, or conjunctivitis, in an Eco-Challenge athlete (*2*). Of the 158 respondents, 83 (52%) reported chills; 80 (51%), myalgias; 76 (48%), headache; and 58 (36%), diarrhea. Conjunctivitis, a hallmark finding in persons infected with leptospires, was reported by 36 (23%) athletes. Arthralgias (47 [30%]), dark urine (44 [28%]), and calf/leg pain (45 [28%]) also were reported among the athletes. Of the 158 athletes contacted, 109 reported illness; 68 (44%) had illness that met the case definition. The median age of case-patients was 34 years (range: 22–50 years); 73% were male. The peak onset of illness was September 4 (Figure 1). The median duration of illness was 6 days (range: 1–19 days); 25 (34%) case-patients were hospitalized.

Laboratory evidence for leptospirosis was defined as a positive result for *Leptospira* antibodies by Dip-S-Ticks* (PanBio INDX, Inc., Baltimore, Maryland) or by IgM enzyme-linked immunosorbent assay (ELISA) (PanBio, Brisbane, Australia), or a positive culture. Ill athletes from whom serum specimens had been drawn by their physicians were requested to submit samples (acute and convalescent) to CDC. Of the 39 specimens submitted, 32 met the case definition. Of these, 17 (54%) tested positive by both the Dip-S-Ticks assay and the IgM ELISA; three additional serum specimens tested positive by

*Use of trade names and commercial sources is for identification only and does not imply endorsement by CDC or the U.S. Department of Health and Human Services.

Acute Febrile Illness — Continued

FIGURE 1. Number of athletes with symptoms who participated in the Eco-Challenge race, by date of onset — Borneo, Malaysia, August 20–September 14, 2000*



* n=109.

the Dip-S-Ticks assay, but negative by IgM ELISA. Specimens from the seven participants who did not meet the case definition tested negative by both assays. Acute serum specimens were collected for culture innoculation in two athletes; one of these yielded a culture-grown isolate, and the other culture was negative at 6 weeks postinnoculation. Identification of the culture-confirmed isolate is pending. To identify other causes for febrile illnesses, testing for alternative organisms was conducted on a limited number of submitted samples positive for leptospirosis; four of four samples tested negative for dengue and for *Orientia tsutsugamushi*, both of which cause illness clinically similar to leptospirosis. Further testing of other samples for these pathogens is pending.

To identify potential exposure risks, information was gathered about participation in various portions of the race. Significant risk factors on univariate analysis included kayaking (risk ratio [RR]=3.0; 95% confidence interval [CI]=1.1–8.3); swimming in the Segama River (RR=2.3; 95% CI=1.4–3.8); spelunking (RR= 2.2; 95% CI=1.1–4.2); and swallowing water from the Segama River (RR=2.0; 95% CI=1.2–3.2). When subjected to stepwise logistic regression, only participating in the river swim was significantly associated with illness. Attributable risk for swimming in the river was 38%.

On September 13, on the basis of epidemiologic evidence and the initial screening Dip-S-Ticks assay results, CDC issued an advisory about the probable leptospirosis outbreak associated with the Eco-Challenge event (*1*). In addition, CDC made recommendations about the treatment of leptospirosis. The Eco-Challenge organization also attempted to contact members of the race support staff and race volunteers to inform them about potential illness among these persons.

Acute Febrile Illness — Continued

Reported by: C Hahn, MD, Idaho State Dept of Public Health. L Mascola, MD, Los Angeles County Dept of Health Svcs; R Cader, MD, D Haake, MD, Los Angeles County Veterans Affairs Medical Center, Los Angeles; D Vugia, MD, California Dept of Health Svcs. C Easman, MD, Hospital for Tropical Diseases, London, United Kingdom. J Keystone, MD, Toronto Hospital Tropical Disease Unit, Toronto, Ontario, Canada. B Connor, MD, Travelers Health Svcs, Cornell Univ, Ithaca, New York. GeoSentinel Global Surveillance Network of the International Society of Travel Medicine. Council of State and Territorial Epidemiologists. J Purdue, K Hendricks, MD, Texas Dept of Public Health. J Pape, MD, Colorado Dept of Public Health. L McFarland, MD, Louisiana Dept of Public Health. World Health Organization, Geneva, Switzerland. M Eyeson-Annan, Communicable Disease and Environmental Health, Australia. P Buck, Health Canada; H Artsob, Canadian Science Centre for Human and Animal Health, Ottawa, Ontario. M Evans, MD, R Salmon, MD, PHLS Communicable Disease Surveillance Centre, Wales; B Smyth, MD, PHLS Communicable Disease Surveillance Centre, Northern Ireland; T Coleman, MD, PHLS Leptospira Reference Unit, United Kingdom. V Cardenas, MD, TEPHINET, Div of International Health; Div of Applied Public Health Training, Epidemiology Program Office; Meningitis and Special Pathogens Br, Div of Bacterial and Mycotic Diseases; Surveillance and Epidemiology Br, Div of Quarantine, National Center for Infectious Diseases; CDC Eco-Challenge Investigation Team; and EIS officers, CDC.

Editorial Note: Among ill Eco-Challenge participants, symptomatology and exposure history and the subsequent laboratory serologic testing suggest that leptospirosis was the cause of this outbreak. *Leptospira* species are endemic in Malaysian Borneo but were not recognized to be causing a large burden of disease at the time of Eco-Challenge. The epidemiology of leptospirosis and the epidemiologic data gathered from this investigation suggest a point source of the outbreak. Ill athletes who did not report swimming in the Segama River probably were exposed to contaminated water during other activities. However, some ill persons may have been infected with other pathogens, and further testing is ongoing. Recent increases in the number of persons participating in adventure sports and exotic tourism have led to infection with previously "unusual" organisms (*3–7*). Participants in such events should be made aware of potential risks for exposure to unusual and emerging infectious agents, and their physicians should consider infection with these agents.

Leptospirosis is a zoonotic disease of worldwide distribution that causes an acute febrile illness; the incubation period is usually 5 to 14 days, but ranges from 2 to 30 days. The illness often is characterized by the abrupt onset of fever, chills, myalgias, and headache, and may include conjunctivitis, abdominal pain, vomiting, diarrhea, and skin rashes. An acute septicemic phase can be followed by a secondary phase of severe disease characterized by aseptic meningitis, jaundice, renal failure, and hemorrhage; the disease sometimes can progress rapidly to acute respiratory distress syndrome. Mild infections can be treated with oral doxycycline; more severe infections generally require intravenous penicillin (*2*).

Initial screening for leptospirosis by CDC laboratories was performed using the Dip-S-Ticks assay, an enzyme-linked dot immunoassay for detecting IgM antibodies; recent evaluations carried out at CDC indicate that the Dip-S-Ticks assay appears to have significantly greater sensitivity early in infection than other available assays (CDC, unpublished data, 2000), with a sensitivity of approximately 27% at 3 days following onset of fever, increasing to 84% for specimens collected within 7–9 days, and reaching nearly 100% by 10–12 days. Accurate diagnosis of leptospirosis has been hampered by the difficulty of the serologic testing with the gold standard microscopic agglutination test. The high sensitivity and specificity of the newer rapid assays in early infection, their ease of use, and stability in field settings probably will result in earlier and more accurate diagnosis of leptospirosis.

Acute Febrile Illness — Continued

Several studies have demonstrated the efficacy of pre-exposure chemoprophylaxis on clinical symptoms and mortality attributed to leptospirosis using oral doxycycline at 200 mg once a week (*8,9*). On the basis of the high attack rate and the high proportion of hospitalizations in otherwise healthy athletes, CDC recommended empiric treatment of all ill athletes with doxycycline and that asymptomatic athletes discuss postexposure prophylaxis with their health-care provider. Persons traveling to areas where leptospirosis is endemic or epidemic and who participate in high-risk exposure activities are at increased risk for leptospirosis and may benefit from pre-exposure chemoprophylaxis. CDC is collecting data to assess the benefits of pre-exposure doxycycline chemoprophylaxis.

References

1. CDC. Outbreak of acute febrile illness among participants in EcoChallenge Sabah 2000—Malaysia, 2000. MMWR 2000;49:816–7.
2. Tappero J, Ashford D, Perkins B, eds. Leptospirosis. In: Principles and practice of infectious diseases. 5th ed. New York, New York: Churchill Livingstone, 1998.
3. CDC. Update: leptospirosis and unexplained acute febrile illness among athletes participating in triathlons—Illinois and Wisconsin, 1998. MMWR 1998;47:673–6.
4. CDC. Outbreak of leptospirosis among white-water rafters—Costa Rica, 1996. MMWR 1997;46:577–9.
5. Katz A, Sasaki D, Mumm A, et al. Leptospirosis on Oahu: an outbreak among military personnel associated with recreational exposure. Mil Med 1997;162:101–4.
6. Sacks J, Ajello L, Crockett LK. An outbreak and review of cave-associated *Histoplasmosis capsulati*. J Med Vet Mycol 1986;24:313–25.
7. Lyerla R, Rigau-Perez J, Vorndam A, et al. A dengue outbreak among camp participants in a Caribbean island, 1995. J Travel Medicine 2000;7:59–63.
8. Takafuji E, Kirkpatrick J, Miller R, et al. An efficacy trial of doxycycline chemoprophylaxis against leptospirosis. JAMA 1984;310:497–500.
9. Seghal S, Sugunan A, Murhekar M, et al. Randomized controlled trial of doxycycline prophylaxis against leptospirosis in an endemic area. Int J Antimicrob Agents 2000;13:249–55.

Health-Related Quality of Life Among Persons With Epilepsy — Texas, 1998

Epilepsy is a central nervous system disorder characterized by unprovoked, recurrent seizures that may affect physical, mental, or behavioral functioning (*1*). In 1995, approximately 2.3 million persons residing in the United States had epilepsy. Approximately 181,000 new cases of epilepsy are diagnosed each year, with annual estimated costs of $12.5 billion in medical care and lost productivity (*2,3*). Because epilepsy has a substantial impact on health (e.g., physical and psychosocial difficulties, side effects of anticonvulsant therapy, lifestyle restrictions, and perceived stigmatization) (*1,4–6*), self-reported physical and mental health-related quality of life (HRQOL) measures are useful in gauging the impact of epilepsy on persons with the disorder. Persons with chronic health disorders are at risk for impaired HRQOL (*7*). Few studies have examined the HRQOL of persons with epilepsy (*5,6*), and none has used a representative sample of adults residing in the United States. This report examines data from the 1998 Texas Behavioral Risk Factor Surveillance System (BRFSS) that included a question about epilepsy; findings indicate that persons with epilepsy reported substantially worse HRQOL than persons without epilepsy. Community-based interventions such as the Sepulveda Epilepsy Education Program that address medication self-management,

Epilepsy — Continued

psychosocial self-management, and other education interventions can improve the quality of life for persons with epilepsy (*8*).

BRFSS is an ongoing, state-based, random-digit–dialed telephone survey of the civilian, noninstitutionalized population aged ≥18 years that tracks the prevalence of key health and safety-related behaviors and characteristics (*9*). BRFSS data are weighted to reflect the age, sex, and racial/ethnic distribution of the state's estimated population during the survey year. The standard survey used in all states includes four self-rated questions: general health status, number of days during the 30 preceding the survey when physical health was not good, number of days during the preceding 30 when mental health was not good, and number of days during the preceding 30 when activity was limited as a result of poor physical or mental health. Unhealthy days are the total number of days when physical and mental health were not good, with the total not to exceed 30 days. In 1998, Texas added an optional quality of life module to its healthy days' measures that asked respondents about the nature of their activity limitations and the number of days of pain, depression, anxiety, insufficient sleep or rest, and overall vitality during the preceding 30 days. One question was added about epilepsy.

Persons with epilepsy were defined as those who reported having been told by a doctor that they had epilepsy or a seizure disorder. The responses to HRQOL questions from 3355 persons residing in Texas were analyzed using sample weights and SUDAAN statistical software to account for the complex survey design.

In Texas in 1998, 52 (1.8%) (95% confidence interval=1.4–2.1) of 3355 respondents reported having epilepsy. These respondents did not differ in age and sex from those without epilepsy. Those with epilepsy reported substantially worse HRQOL than those without epilepsy; 18 (45.9%) respondents with epilepsy reported fair or poor health compared with 570 (18.5%) of 3290 respondents without epilepsy*. Compared with those without epilepsy, respondents with epilepsy reported 4.4 more physically unhealthy days, 5.2 more mentally unhealthy days, 6.4 more overall unhealthy days, 4.0 more recent activity limitation days, 6.8 more days of pain, 5.6 more days of depression, 5.2 more days of anxiety, 3.5 more days of insufficient sleep or rest, and 3.3 fewer days of vitality in the 30 days preceding the survey (Table 1).

Reported by: R Kobau, MPH, Association of Schools of Public Health, Atlanta, Georgia. K Condon, Texas Dept of Health. Health Care and Aging Studies Br, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: On the basis of HRQOL responses to the 1998 Texas BRFSS questionnaire, respondents with epilepsy had substantially worse HRQOL than respondents without epilepsy based on valid HRQOL measures (*10*). These findings are comparable with the number of unhealthy days among BRFSS respondents from eight other states with arthritis, heart problems, diabetes, and cancer (*7*). Additional study is needed to determine whether the high number of reported days with pain in persons with epilepsy is associated with seizure severity, injuries from seizures, unintended effects of anticonvulsant medications, or other factors. The high number of days with depression and anxiety suggests that this population has high levels of anxiety and low levels of life fulfillment (*1,5,6*).

The findings in this report are subject to at least four limitations. First, BRFSS excludes persons without telephones, in institutions (e.g., nursing homes and the military), and persons aged <18 years. Second, BRFSS may underrepresent the severely

*Thirteen persons without epilepsy did not answer, refused to answer, or were unsure about answering the question about general health status.

Epilepsy — Continued

TABLE 1. Mean number of days health-related quality of life was affected during the 30 days preceding the survey among persons with and without epilepsy*, by selected characteristics — Behavioral Risk Factor Surveillance System, Texas, 1998

Characteristic	With epilepsy†		Without epilepsy§	
	No. days	(95% CI¶)	No. days	(95% CI)
Physical health not good	7.6	(7.0– 8.2)	3.2	(3.0– 3.3)
Mental health not good	8.4	(7.6– 9.2)	3.2	(3.0– 3.4)
Physical or mental health not good	12.1	(11.2–13.0)	5.7	(5.5– 5.9)
Regular activities limited because of poor physical or mental health	5.9	(5.2– 6.6)	1.9	(1.8– 2.0)
Pain interfered with usual activities	9.2	(7.7–10.8)	2.4	(2.1– 2.7)
Felt sad, blue, or depressed	8.8	(8.3– 9.3)	3.2	(3.0– 3.4)
Felt worried, tense, or anxious	10.6	(8.9–12.1)	5.4	(5.3– 5.5)
Felt did not get enough rest or sleep	11.0	(10.3–11.5)	7.5	(7.3– 7.6)
Felt very healthy and full of energy	16.3	(15.8–16.8)	19.6	(19.4–19.8)

* Persons having been told by a doctor they have epilepsy or a seizure disorder.
† n=52.
§ n=3290.
¶ Confidence interval.

impaired because time and functional capacity are required to participate in BRFSS. Third, it is unclear whether lower levels of HRQOL in persons with epilepsy in this study are a result of the disorder or factors unrelated to epilepsy. Finally, because the sample size of respondents with epilepsy was small, comparisons by sex and racial/ethnic subgroup were limited.

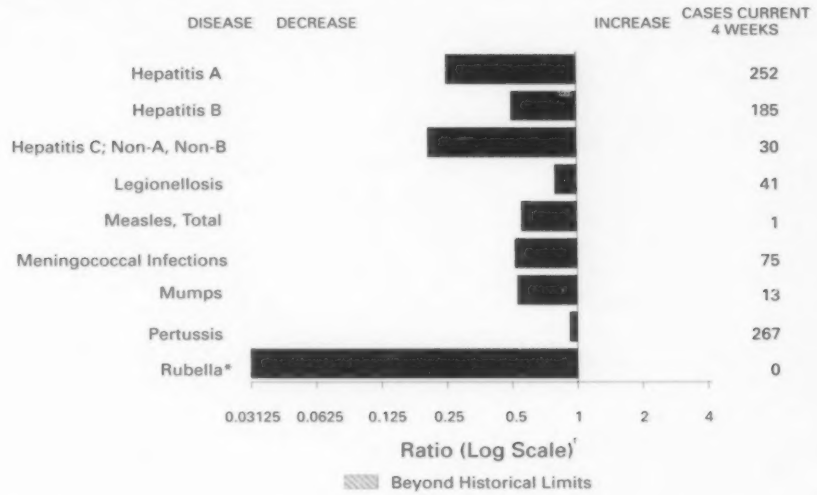
To improve the HRQOL of persons with epilepsy, the International Commission on Outcome Measurement in Epilepsy has recommended further research into the HRQOL among persons with epilepsy (*6*). In addition, BRFSS and other surveillance systems can provide data on the health status, behaviors, and HRQOL of persons with epilepsy. State and local health departments can collaborate with health-care providers to develop and promote comprehensive and continual care among minorities, children, the elderly, and other underserved populations. Schools, worksites, and places of worship can educate the public to destigmatize epilepsy, and interventions such as the Sepulveda Epilepsy Education Program can improve medication self-management and psychosocial self-management of epilepsy (*8*).

References

1. Trimble MR, Dodson WE, eds. Epilepsy and quality of life. New York, New York: Raven Press Ltd., 1994.
2. Hauser WA, Hesdorffer DC. Epilepsy: frequency, causes and consequences. New York, New York: Demos Publications, 1990:1–52.
3. Begley CE, Famulari M, Annegers JF, et al. The cost of epilepsy in the United States: an estimate from population-based clinical and survey data. Epilepsia 2000;41:342–51.
4. Devinsky O, Penry JK. Quality of life in epilepsy: the clinician's view. Epilepsia 1993;34:S4–S7.

(Continued on page 35)

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending January 13, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 1 of zero (0).

† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending January 13, 2001 (2nd Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	-	Psittacosis*	-
Cholera	-	Q fever*	-
Cyclosporiasis*	-	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	2
Ehrlichiosis: human granulocytic (HGE)*	1	Rubella, congenital syndrome	-
human monocytic (HME)*	1	Streptococcal disease, invasive, group A	49
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	1
eastern equine*	-	Syphilis, congenital§	-
St. Louis*	-	Tetanus	-
western equine*	-	Toxic-shock syndrome	3
Hansen disease (leprosy)*	-	Trichinosis	-
Hantavirus pulmonary syndrome*†	-	Tularemia*	1
Hemolytic uremic syndrome, postdiarrheal*	-	Typhoid fever	2
HIV infection, pediatric*¶	-	Yellow fever	-
Plague	-		

-: No reported cases.
*Not notifiable in all states.
†Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
¶Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update December 24, 2000.
§Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2001§	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	-	-	10,022	20,940	18	29	14	40	2	44
NEW ENGLAND	-	-	603	886	3	-	4	2	-	7
Maine	-	-	-	42	1	-	-	-	-	-
N.H.	-	-	18	37	-	-	-	-	-	3
Vt.	-	-	16	23	2	-	-	-	-	-
Mass.	-	-	437	400	-	-	4	1	-	1
R.I.	-	-	132	92	-	-	-	-	-	-
Conn.	-	-	-	292	-	-	-	1	-	3
MID. ATLANTIC	-	-	56	1,872	-	3	4	-	-	6
Upstate N.Y.	-	-	N	N	-	1	4	-	-	5
N.Y. City	-	-	-	888	-	1	-	-	-	-
N.J.	-	-	56	493	-	-	-	-	-	-
Pa.	-	-	-	491	-	1	N	N	-	1
E.N. CENTRAL	-	-	1,866	3,932	3	7	1	11	-	4
Ohio	-	-	172	1,132	2	-	1	1	-	1
Ind.	-	-	303	301	-	-	-	-	-	1
Ill.	-	-	668	1,451	-	2	-	5	-	-
Mich.	-	-	579	355	1	2	-	4	-	1
Wis.	-	-	144	693	-	3	-	1	-	1
W.N. CENTRAL	-	-	257	1,220	-	1	3	9	-	11
Minn.	-	-	-	308	-	-	-	-	-	4
Iowa	-	-	1	29	-	-	-	1	-	-
Mo.	-	-	-	490	-	-	2	5	-	5
N. Dak.	-	-	-	15	-	1	-	1	-	-
S. Dak.	-	-	56	54	-	-	1	-	-	-
Nebr.	-	-	18	135	-	-	-	-	-	1
Kans.	-	-	182	189	-	-	-	2	-	1
S. ATLANTIC	-	-	2,590	2,943	2	-	1	1	-	4
Del.	-	-	115	138	-	-	-	-	-	-
Md.	-	-	311	303	1	-	-	-	-	1
D.C.	-	-	59	106	1	-	-	-	U	U
Va.	-	-	-	376	-	-	-	-	-	1
W. Va.	-	-	-	75	-	-	-	-	-	-
N.C.	-	-	443	-	-	-	1	1	-	-
S.C.	-	-	902	695	-	-	-	-	-	-
Ga.	-	-	-	584	-	-	-	-	-	1
Fla.	-	-	760	666	-	-	-	-	-	1
E.S. CENTRAL	-	-	1,302	742	-	2	-	-	-	-
Ky.	-	-	143	194	-	-	-	-	-	-
Tenn.	-	-	411	401	-	-	-	-	-	-
Ala.	-	-	402	146	-	2	-	-	-	-
Miss.	-	-	346	1	-	-	-	-	-	-
W.S. CENTRAL	-	-	1,540	3,332	1	3	-	4	1	5
Ark.	-	-	-	137	-	-	-	2	-	1
La.	-	-	655	634	-	-	-	-	1	1
Okla.	-	-	319	255	1	-	-	-	-	1
Tex.	-	-	566	2,306	-	3	-	2	-	2
MOUNTAIN	-	-	387	1,351	1	5	-	6	1	3
Mont.	-	-	-	33	-	-	-	2	-	-
Idaho	-	-	59	83	-	-	-	-	-	-
Wyo.	-	-	17	21	-	-	-	1	-	1
Colo.	-	-	-	231	-	2	-	2	-	1
N. Mex.	-	-	-	156	1	-	-	-	-	-
Ariz.	-	-	311	540	-	1	-	-	1	1
Utah	-	-	-	145	-	2	-	-	-	-
Nev.	-	-	-	142	-	-	-	1	-	-
PACIFIC	-	-	1,421	4,662	8	8	1	7	-	4
Wash.	-	-	376	496	N	N	-	-	-	3
Oreg.	-	-	-	145	1	-	1	-	-	-
Calif.	-	-	960	3,818	7	8	-	5	-	-
Alaska	-	-	43	65	-	-	-	-	-	-
Hawaii	-	-	42	138	-	-	-	2	-	1
Guam	-	-	-	-	-	-	N	N	U	U
P.R.	-	-	126	U	-	-	-	-	U	U
V.I.	-	-	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update December 31, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2001[†]	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	5,907	11,591	8	122	9	16	6	17	62
NEW ENGLAND	184	270	-	1	1	4	1	1	3
Maine	-	1	-	-	-	2	-	-	-
N.H.	3	3	-	-	-	-	-	-	-
Vt.	6	1	-	-	1	-	-	-	-
Mass.	148	107	-	1	-	2	1	1	2
R.I.	27	19	-	-	-	-	-	-	-
Conn.	-	139	-	-	-	-	-	-	1
MID. ATLANTIC	71	850	-	18	-	-	1	1	44
Upstate N.Y.	44	37	-	-	-	-	1	1	1
N.Y. City	-	308	-	-	-	-	-	-	6
N.J.	27	280	-	17	-	-	-	-	10
Pa.	-	225	-	1	-	-	-	-	27
E.N. CENTRAL	871	2,721	2	15	5	5	1	4	1
Ohio	112	689	-	-	4	4	-	4	-
Ind.	168	244	-	-	-	-	-	-	-
Ill.	285	1,090	-	3	-	-	-	-	1
Mich.	240	341	2	12	1	1	1	-	-
Wis.	66	357	-	-	-	-	-	U	U
W.N. CENTRAL	103	574	2	18	-	-	1	-	2
Minn.	-	138	-	-	-	-	-	-	-
Iowa	1	12	-	-	-	-	-	-	-
Mo.	-	284	2	17	-	-	-	-	-
N. Dak.	-	1	-	-	-	-	-	-	-
S. Dak.	10	4	-	-	-	-	-	-	-
Nebr.	-	49	-	-	-	-	-	-	-
Kans.	92	86	-	1	-	-	1	-	2
S. ATLANTIC	2,248	2,928	-	1	1	4	-	7	10
Del.	57	76	-	-	-	-	-	-	2
Md.	144	237	-	-	1	3	-	6	8
D.C.	84	118	-	-	-	-	-	1	-
Va.	-	462	-	-	-	-	-	-	-
W. Va.	-	24	-	-	N	N	-	-	-
N.C.	421	1	-	1	-	1	-	-	-
S.C.	1,095	994	-	-	-	-	-	-	-
Ga.	1	454	-	-	-	-	-	-	-
Fla.	446	562	-	-	-	-	-	-	-
E.S. CENTRAL	1,121	615	2	19	1	-	-	-	-
Ky.	74	96	-	-	-	-	-	-	-
Tenn.	334	382	2	-	-	-	-	-	-
Ala.	426	137	-	-	1	-	-	-	-
Miss.	287	-	-	19	-	-	-	-	-
W.S. CENTRAL	904	2,160	-	33	-	1	-	-	-
Ark.	-	94	-	-	-	-	-	-	-
La.	460	557	-	10	-	-	-	-	-
Okla.	166	114	-	-	-	-	-	-	-
Tex.	278	1,395	-	23	-	1	-	-	-
MOUNTAIN	112	410	-	5	-	-	-	-	-
Mont.	-	-	-	-	-	-	-	-	-
Idaho	4	5	-	-	-	-	-	-	-
Wyo.	3	1	-	3	-	-	-	-	-
Colo.	-	155	-	1	-	-	-	-	-
N. Mex.	-	32	-	1	-	-	-	-	-
Ariz.	105	129	-	-	-	-	-	-	-
Utah	-	20	-	-	-	-	-	-	-
Nev.	-	68	-	-	-	-	-	-	-
PACIFIC	293	1,063	2	12	1	2	2	4	2
Wash.	91	98	-	-	-	-	-	-	-
Oreg.	-	5	-	4	N	N	-	-	-
Calif.	188	934	2	8	1	2	2	4	2
Alaska	8	9	-	-	-	-	-	-	-
Hawaii	6	17	-	-	-	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	29	23	-	-	-	-	-	N	N
V.I.	U	U	U	U	U	U	-	U	U
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	U	U	-	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	11	28	55	132	278	853	28	873
NEW ENGLAND	-	1	12	18	33	50	1	51
Maine	-	-	-	2	2	4	-	-
N.H.	-	-	-	-	2	4	-	2
Vt.	-	-	6	2	2	-	1	1
Mass.	-	1	5	6	27	39	-	28
R.I.	-	-	1	1	-	-	-	6
Conn.	-	-	-	7	-	3	-	14
MID. ATLANTIC	-	3	9	22	10	133	-	142
Upstate N.Y.	-	-	6	19	5	5	-	33
N.Y. City	-	1	U	U	5	31	-	42
N.J.	-	1	3	3	-	77	-	20
Pa.	-	1	-	-	-	20	-	47
E.N. CENTRAL	1	3	-	-	59	149	1	69
Ohio	1	1	-	-	44	35	-	26
Ind.	-	-	-	-	-	-	-	15
Ill.	-	2	-	-	3	68	-	-
Mich.	-	-	-	-	12	18	-	17
Wis.	-	-	-	-	-	28	1	11
W.N. CENTRAL	1	2	5	10	24	34	9	41
Minn.	-	-	-	2	3	1	3	18
Iowa	-	-	4	1	3	1	-	4
Mo.	1	1	1	1	9	19	6	7
N. Dak.	-	-	-	1	-	1	-	1
S. Dak.	-	-	-	3	4	2	-	3
Nebr.	-	-	-	-	1	2	-	2
Kans.	-	1	-	2	4	8	-	6
S. ATLANTIC	4	5	14	46	35	84	3	159
Del.	-	-	-	-	1	1	1	5
Md.	3	4	5	14	11	32	1	22
D.C.	1	-	-	-	-	-	U	U
Va.	-	-	4	12	-	-	-	18
W. Va.	-	-	-	4	-	-	-	5
N.C.	-	1	5	10	22	37	-	23
S.C.	-	-	-	2	-	11	1	18
Ga.	-	-	-	-	-	-	-	57
Fla.	-	-	-	4	1	3	-	11
E.S. CENTRAL	-	-	1	1	23	58	3	31
Ky.	-	-	-	-	1	9	3	4
Tenn.	-	-	1	1	3	-	-	18
Ala.	-	-	-	-	19	22	-	6
Miss.	-	-	-	-	-	27	-	3
W.S. CENTRAL	-	1	2	22	10	63	3	90
Ark.	-	-	-	-	10	6	-	8
La.	-	1	-	-	-	6	-	21
Okla.	-	-	2	3	-	-	1	8
Tex.	-	-	-	19	-	51	2	53
MOUNTAIN	-	-	5	5	11	83	8	74
Mont.	-	-	1	1	2	2	-	-
Idaho	-	-	-	-	2	5	-	4
Wyo.	-	-	-	2	-	1	-	-
Colo.	-	-	-	-	-	19	2	10
N. Mex.	-	-	-	-	6	4	-	7
Ariz.	-	-	4	2	-	21	2	34
Utah	-	-	-	-	1	21	4	19
Nev.	-	-	-	-	-	10	-	-
PACIFIC	5	13	7	8	73	199	-	216
Wash.	-	-	-	-	-	-	-	29
Oreg.	1	1	-	-	5	10	-	23
Calif.	4	11	5	8	68	167	-	150
Alaska	-	-	2	-	-	5	-	5
Hawaii	-	1	-	-	-	17	-	9
Guam	-	-	-	-	-	-	U	U
P.R.	-	-	1	1	-	3	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	Shigellosis* NETSS Cum. 2001	Shigellosis* NETSS Cum. 2000	Shigellosis* PHLIS Cum. 2001	Shigellosis* PHLIS Cum. 2000	Syphilis (Primary & Secondary) Cum. 2001	Syphilis (Primary & Secondary) Cum. 2000	Tuberculosis Cum. 2001	Tuberculosis Cum. 2000
UNITED STATES	199	381	38	228	120	184	86	226
NEW ENGLAND	1	10	-	6	2	2	-	2
Maine	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-
Mass.	1	8	-	5	2	1	-	-
R.I.	-	-	-	-	-	1	-	-
Conn.	-	2	-	1	-	-	-	2
MID. ATLANTIC	30	39	2	31	1	8	5	8
Upstate N.Y.	28	1	-	5	-	-	-	-
N.Y. City	2	15	2	15	-	2	-	3
N.J.	-	22	-	7	1	4	5	-
Pa.	-	1	-	4	-	2	-	5
E.N. CENTRAL	27	121	-	25	9	39	1	6
Ohio	10	7	-	-	2	5	1	1
Ind.	-	2	-	-	4	13	-	1
Ill.	2	59	-	-	3	19	-	4
Mich.	15	46	-	23	-	-	-	-
Wis.	-	7	-	2	-	2	-	-
W.N. CENTRAL	32	22	20	17	-	4	-	2
Minn.	6	4	10	5	-	-	-	1
Iowa	-	6	-	5	-	-	-	-
Mo.	18	10	10	4	-	4	-	-
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	1	1	-	-	-	-	-	-
Nebr.	1	1	-	2	-	-	-	-
Kans.	6	-	-	1	-	-	-	1
S. ATLANTIC	19	8	1	20	33	66	3	17
Del.	-	-	-	-	-	-	-	-
Md.	3	1	-	2	4	19	-	-
D.C.	-	-	U	U	1	1	3	-
Va.	-	-	-	6	-	11	-	-
W. Va.	-	-	-	-	-	-	-	1
N.C.	16	2	-	2	14	15	-	-
S.C.	-	1	1	-	3	6	-	16
Ga.	-	-	-	6	-	1	-	-
Fla.	-	4	-	4	11	12	-	-
E.S. CENTRAL	19	14	-	15	62	22	5	8
Ky.	11	2	-	-	2	-	-	-
Tenn.	-	-	-	14	8	15	-	2
Ala.	7	2	-	1	8	7	5	6
Miss.	1	10	-	-	44	-	-	-
W.S. CENTRAL	3	65	5	74	8	25	6	59
Ark.	3	-	-	-	-	1	6	-
La.	-	15	5	6	4	5	-	-
Okla.	-	-	-	2	1	5	-	-
Tex.	-	50	-	66	3	14	-	59
MOUNTAIN	10	33	10	25	1	-	-	3
Mont.	-	-	-	-	-	-	-	-
Idaho	-	2	-	1	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-
Colo.	-	9	3	6	-	-	-	-
N. Mex.	10	3	-	7	-	-	-	3
Ariz.	-	12	6	9	1	-	-	-
Utah	-	1	1	2	-	-	-	-
Nev.	-	6	-	-	-	-	-	-
PACIFIC	58	69	-	15	4	19	66	121
Wash.	-	-	-	8	2	-	6	5
Oreg.	7	5	-	6	-	-	-	-
Calif.	51	60	-	-	2	19	59	113
Alaska	-	1	-	-	-	-	1	-
Hawaii	-	3	-	1	-	-	-	3
Guam	-	-	U	U	-	-	-	-
P.R.	-	-	U	U	12	11	-	-
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2001†	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	22	36	94	403	59	193	-	-	-	-	-	1
NEW ENGLAND	1	4	5	12	1	4	-	-	-	-	-	-
Maine	-	-	-	1	-	-	U	-	U	-	-	-
N.H.	-	-	2	1	-	-	-	-	-	-	-	-
Vt.	-	1	-	-	-	2	-	-	-	-	-	-
Mass.	1	3	1	5	1	-	-	-	-	-	-	-
R.I.	-	-	-	-	-	-	-	-	-	-	-	-
Conn.	-	-	2	5	-	2	-	-	-	-	-	-
MID. ATLANTIC	1	4	4	16	1	39	-	-	-	-	-	-
Upstate N.Y.	-	2	4	-	1	-	-	-	-	-	-	-
N.Y. City	1	1	-	12	-	25	-	-	-	-	-	-
N.J.	-	-	-	1	-	3	-	-	-	-	-	-
Pa.	-	1	-	3	-	11	-	-	-	-	-	-
E.N. CENTRAL	4	6	26	73	14	26	-	-	-	-	-	1
Ohio	3	2	6	18	4	5	-	-	-	-	-	-
Ind.	-	-	-	-	-	-	-	-	-	-	-	-
Ill.	-	4	3	23	-	-	-	-	-	-	-	-
Mich.	1	-	17	24	10	21	-	-	-	-	-	1
Wis.	-	-	-	8	-	-	-	-	-	-	-	-
W.N. CENTRAL	-	1	6	50	5	12	-	-	-	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	-	1	-	-	-	-	-	-	-	-
Mo.	-	1	3	42	4	10	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	1	-	-	-	-	-	-	-
Nebr.	-	-	1	-	-	2	-	-	-	-	-	-
Kans.	-	-	2	7	-	-	-	-	-	-	-	-
S. ATLANTIC	6	8	10	17	7	17	-	-	-	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	-	7	9	5	1	6	-	-	-	-	-	-
D.C.	-	-	1	-	-	-	-	-	-	-	-	-
Va.	-	-	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-	-
N.C.	5	1	-	9	6	11	-	-	-	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-	-	-
Ga.	1	-	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	-	3	-	-	-	-	-	-	-	-
E.S. CENTRAL	1	-	4	30	1	8	-	-	-	-	-	-
Ky.	-	-	1	-	-	-	-	-	-	-	-	-
Tenn.	-	-	2	-	1	-	-	-	-	-	-	-
Ala.	1	-	1	4	-	1	-	-	-	-	-	-
Miss.	-	-	-	26	-	7	-	-	-	-	-	-
W.S. CENTRAL	-	4	2	79	1	6	-	-	-	-	-	-
Ark.	-	-	2	-	1	1	-	-	-	-	-	-
La.	-	3	-	4	-	5	-	-	-	-	-	-
Okla.	-	1	-	3	-	-	-	-	-	-	-	-
Tex.	-	-	-	72	-	-	-	-	-	-	-	-
MOUNTAIN	5	1	5	13	4	6	-	-	-	-	-	-
Mont.	-	-	2	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	-	1	2	1	3	-	-	-	-	-	-
N. Mex.	5	-	1	1	3	3	-	-	-	-	-	-
Ariz.	-	-	-	5	-	-	-	-	-	-	-	-
Utah	-	1	1	2	-	-	-	-	-	-	-	-
Nev.	-	-	-	3	-	-	U	-	U	-	-	-
PACIFIC	4	8	32	113	25	75	-	-	-	-	-	-
Wash.	-	-	-	-	-	-	-	-	-	-	-	-
Oreg.	4	2	1	13	2	10	-	-	-	-	-	-
Calif.	-	3	29	99	22	64	-	-	-	-	-	-
Alaska	-	1	2	-	1	1	-	-	-	-	-	-
Hawaii	-	2	-	1	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	U	-	U	-	-	-
P.R.	-	-	-	1	-	1	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
† Of 3 cases among children aged <5 years, serotype was reported for 2 and 0 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 13, 2001, and January 15, 2000 (2nd Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	39	97	1	3	4	18	28	162	-	-	-
NEW ENGLAND	2	5	-	-	-	3	10	54	-	-	-
Maine	-	1	U	-	-	U	-	-	U	-	-
N.H.	-	-	-	-	-	-	-	1	-	-	-
Vt.	-	1	-	-	-	3	9	14	-	-	-
Mass.	1	3	-	-	-	-	1	39	-	-	-
R.I.	-	-	-	-	-	-	-	-	-	-	-
Conn.	1	-	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	4	9	-	-	1	1	1	8	-	-	-
Upstate N.Y.	3	-	-	-	-	1	1	1	-	-	-
N.Y. City	1	4	-	-	1	-	-	7	-	-	-
N.J.	-	1	-	-	-	-	-	-	-	-	-
Pa.	-	4	-	-	-	-	-	-	-	-	-
E.N. CENTRAL	5	20	-	-	2	-	1	39	-	-	-
Ohio	3	3	-	-	1	-	-	36	-	-	-
Ind.	-	-	-	-	-	-	-	-	-	-	-
Ill.	-	6	-	-	-	-	-	1	-	-	-
Mich.	2	7	-	-	1	-	1	2	-	-	-
Wis.	-	4	-	-	-	-	-	-	-	-	-
W.N. CENTRAL	1	11	-	-	1	6	7	1	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-
Iowa	1	2	-	-	1	1	1	1	-	-	-
Mo.	-	8	-	-	-	4	4	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	1	-	-	-	1	2	-	-	-	-
S. ATLANTIC	7	7	-	-	-	3	3	7	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-
Md.	4	2	-	-	-	3	3	3	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	-	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	2	4	-	-	-	-	-	4	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-	-
Ga.	1	-	-	-	-	-	-	-	-	-	-
Fla.	-	1	-	-	-	-	-	-	-	-	-
E.S. CENTRAL	2	3	-	-	-	1	1	14	-	-	-
Ky.	-	1	-	-	-	-	-	11	-	-	-
Tenn.	-	-	-	-	-	1	1	-	-	-	-
Ala.	2	1	-	-	-	-	-	2	-	-	-
Miss.	-	1	-	-	-	-	-	1	-	-	-
W.S. CENTRAL	2	12	-	-	-	-	-	1	-	-	-
Ark.	-	-	-	-	-	-	-	1	-	-	-
La.	1	8	-	-	-	-	-	-	-	-	-
Okla.	1	-	-	-	-	-	-	-	-	-	-
Tex.	-	4	-	-	-	-	-	-	-	-	-
MOUNTAIN	4	2	-	-	-	3	4	23	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-
Idaho	2	1	-	-	-	2	3	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	1	-	-	-	1	1	13	-	-	-
N. Mex.	1	-	-	-	N	-	-	7	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	-	-
Utah	1	-	-	-	-	-	-	2	-	-	-
Nev.	-	-	U	-	-	U	-	1	U	-	-
PACIFIC	12	28	1	3	-	1	1	15	-	-	-
Wash.	-	-	-	-	-	-	-	-	-	-	-
Oreg.	5	6	N	N	N	1	1	3	-	-	-
Calif.	7	21	1	3	-	-	-	10	-	-	-
Alaska	-	-	-	-	-	-	-	1	-	-	-
Hawaii	-	1	-	-	-	-	-	1	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	2	-	-	-	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending January 13, 2001 (2nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	543	388	101	36	8	10	68
Boston, Mass.	212	128	49	21	6	8	24
Bridgeport, Conn.	17	15	2	-	-	-	1
Cambridge, Mass.	21	14	5	2	-	-	3
Fall River, Mass.	17	15	2	-	-	-	1
Hartford, Conn.	U	U	U	U	U	U	U
Lowell, Mass.	32	26	4	1	1	-	4
Lynn, Mass.	14	8	6	-	-	-	1
New Bedford, Mass.	34	29	4	1	-	-	3
New Haven, Conn.	41	30	8	2	-	1	6
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	5	3	2	-	-	-	-
Springfield, Mass.	54	46	6	1	1	-	12
Waterbury, Conn.	30	22	4	4	-	-	2
Worcester, Mass.	66	52	9	4	-	1	11
MID. ATLANTIC	2,769	1,963	536	180	45	44	158
Albany, N.Y.	73	55	8	6	1	3	9
Allentown, Pa.	27	16	7	2	-	1	1
Buffalo, N.Y.	102	68	24	9	1	-	10
Camden, N.J.	22	12	5	4	1	-	1
Elizabeth, N.J.	25	18	7	-	-	-	-
Erie, Pa.§	46	36	8	2	-	-	4
Jersey City, N.J.	53	36	12	1	2	2	-
New York City, N.Y.	1,514	1,049	309	107	29	20	59
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	39	25	8	4	-	2	3
Philadelphia, Pa.	366	247	72	30	7	10	16
Pittsburgh, Pa.§	62	42	19	1	-	-	4
Reading, Pa.	27	17	7	2	-	1	4
Rochester, N.Y.	175	146	16	7	4	2	21
Schenectady, N.Y.	21	20	1	-	-	-	4
Scranton, Pa.§	31	28	3	-	-	-	-
Syracuse, N.Y.	123	94	24	2	-	3	17
Trenton, N.J.	34	27	4	3	-	-	5
Utica, N.Y.	29	27	2	-	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,280	1,602	447	143	54	33	171
Akron, Ohio	88	66	14	6	1	1	14
Canton, Ohio	46	34	9	3	-	-	5
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	136	92	22	13	8	1	4
Cleveland, Ohio	189	131	40	11	2	5	7
Columbus, Ohio	242	160	51	19	8	4	24
Dayton, Ohio	167	120	24	13	6	4	7
Detroit, Mich.	263	157	68	22	11	4	22
Evansville, Ind.	75	55	19	-	1	-	9
Fort Wayne, Ind.	119	84	23	10	1	1	11
Gary, Ind.	24	15	4	3	2	-	1
Grand Rapids, Mich.	65	49	11	1	1	3	10
Indianapolis, Ind.	216	152	42	9	10	3	10
Lansing, Mich.	60	43	11	6	-	-	2
Milwaukee, Wis.	186	138	33	13	1	1	19
Peoria, Ill.	55	42	6	6	-	1	2
Rockford, Ill.	61	42	15	3	1	-	7
South Bend, Ind.	68	50	17	1	-	-	8
Toledo, Ohio	133	96	29	4	1	4	7
Youngstown, Ohio	87	77	9	-	-	1	2
W.N. CENTRAL	928	688	144	54	23	19	77
Des Moines, Iowa	103	85	12	1	3	2	20
Duluth, Minn.	54	46	7	-	-	1	9
Kansas City, Kans.	49	30	12	1	4	2	2
Kansas City, Mo.	86	58	15	8	2	3	5
Lincoln, Nebr.	41	30	8	1	1	1	5
Minneapolis, Minn.	181	132	29	14	2	4	14
Omaha, Nebr.	106	81	14	9	2	-	8
St. Louis, Mo.	55	37	11	3	3	1	-
St. Paul, Minn.	114	94	12	4	2	2	5
Wichita, Kans.	139	95	24	13	4	3	9
S. ATLANTIC	1,446	962	293	135	32	24	91
Atlanta, Ga.	226	144	46	27	6	3	9
Baltimore, Md.	191	109	48	24	8	2	19
Charlotte, N.C.	138	92	25	19	1	1	11
Jacksonville, Fla.	186	133	42	6	2	3	10
Miami, Fla.	63	33	20	10	-	-	6
Norfolk, Va.	61	41	12	8	-	-	5
Richmond, Va.	100	64	23	10	3	-	3
Savannah, Ga.	50	40	5	3	-	2	5
St. Petersburg, Fla.	90	64	17	2	3	4	7
Tampa, Fla.	242	181	39	13	5	4	16
Washington, D.C.	99	61	16	13	4	5	-
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	958	656	188	74	19	19	68
Birmingham, Ala.	259	183	51	13	7	3	17
Chattanooga, Tenn.	89	58	19	7	1	4	7
Knoxville, Tenn.	99	60	27	9	1	2	8
Lexington, Ky.	U	U	U	U	U	U	U
Memphis, Tenn.	162	109	26	18	6	3	11
Mobile, Ala.	82	66	12	3	-	1	4
Montgomery, Ala.	57	45	7	5	-	-	6
Nashville, Tenn.	210	135	46	19	4	6	15
W.S. CENTRAL	1,354	897	273	113	46	25	100
Austin, Tex.	104	68	22	7	5	1	9
Baton Rouge, La.	152	101	32	14	4	1	2
Corpus Christi, Tex.	71	51	16	3	1	-	3
Dallas, Tex.	244	158	55	22	6	3	30
El Paso, Tex.	55	45	5	4	1	-	2
Ft. Worth, Tex.	132	97	24	3	1	7	12
Houston, Tex.	331	190	70	41	21	9	28
Little Rock, Ark.	98	56	19	11	6	4	-
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	U	U	U	U	U	U	U
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	167	128	30	8	1	-	14
MOUNTAIN	1,139	783	221	71	35	29	110
Albuquerque, N.M.	158	120	23	8	6	1	20
Boise, Idaho	55	42	8	4	1	-	6
Colo. Springs, Colo.	77	60	11	2	3	1	1
Denver, Colo.	120	79	27	7	3	4	21
Las Vegas, Nev.	193	124	49	13	3	4	17
Ogden, Utah	28	22	3	3	-	-	4
Phoenix, Ariz.	184	105	41	15	12	11	12
Pueblo, Colo.	26	21	4	1	-	-	2
Salt Lake City, Utah	103	72	21	5	2	3	10
Tucson, Ariz.	195	138	34	13	5	5	17
PACIFIC	1,688	1,226	296	105	40	20	163
Berkeley, Calif.	17	13	4	-	-	-	3
Fresno, Calif.	172	117	36	10	6	3	13
Glendale, Calif.	26	19	6	1	-	-	3
Honolulu, Hawaii	66	46	13	3	3	1	5
Long Beach, Calif.	101	72	19	5	5	-	8
Los Angeles, Calif.	347	239	67	25	12	4	26
Pasadena, Calif.	28	25	3	-	-	-	5
Portland, Oreg.	197	140	36	15	5	1	17
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	228	177	36	12	-	3	34
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	127	91	22	10	2	2	9
Santa Cruz, Calif.	54	41	8	2	2	1	7
Seattle, Wash.	150	107	24	13	3	3	11
Spokane, Wash.	59	47	7	3	-	2	11
Tacoma, Wash.	116	92	15	6	2	-	11
TOTAL	13,105¶	9,165	2,499	911	302	223	1,006

U: Unavailable. -:No reported cases.

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

Epilepsy — Continued

5. Collings JA. Psychosocial well-being and epilepsy: an empirical study. Epilepsia 1990;31:418–26.
6. Baker GA, Camfield C, Camfield P, et al. Commission on outcome measurement in epilepsy, 1994–1997: final report. Epilepsia 1998;39:213–31.
7. CDC. Health-related quality of life and activity limitation—eight states, 1995. MMWR 1998;47:135–40.
8. Hegelson DC, Mittan R, Tan SY, Chayashirisobhon S. Sepulveda epilepsy education: the efficacy of a psychoeducational treatment program in treating medical and psychosocial aspects of epilepsy. Epilepsia 1990;31:75–86.
9. CDC. Health risks in America: gaining insight from the Behavioral Risk Factor Surveillance System. Revised ed. Atlanta, Georgia: US Department of Health and Human Services, CDC, 1997.
10. Andresen EM, Fouts BS, Romeis JC, Brownson CA. Performance of health-related quality of life instruments in a spinal cord injured population. Arch Phys Med Rehabil 1999;80:877–84.

Notice to Readers

Conference on Vaccine Research

The *Fourth Annual Conference on Vaccine Research: Basic Science—Product Development—Clinical and Field Studies* will be held April 23–25, 2001, in Arlington, Virginia. The conference is sponsored by the National Foundation for Infectious Diseases (NFID) in collaboration with CDC, the National Institute of Allergy and Infectious Diseases, the International Society for Vaccines, the U.S. Department of Agriculture, the Center for Biologics Evaluation and Research, the Albert B. Sabin Vaccine Institute, and the World Health Organization. The meeting will present current scientific data and will explore issues among the disciplines involved in the research and development of vaccines and associated technologies for the control of human and veterinary diseases through vaccination.

The deadline for submitting abstracts for oral and poster presentations is February 2, 2001. Program announcements and forms for abstract submission, registration, and hotel reservations are available from NFID, Suite 750, 4733 Bethesda Ave., Bethesda, MD 20814-5228; telephone (301) 656-0003, ext. 19; fax (301) 907-0878; e-mail info@nfid.org; World Wide Web site, http://www.nfid.org/conferences/vaccine01/.

Contributors to the Production of the *MMWR* (Weekly)

Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Samuel L. Groseclose, D.V.M., M.P.H.

State Support Team
Robert Fagan
Jose Aponte
Gerald Jones
David Nitschke
Scott Noldy
Carol A. Worsham

CDC Operations Team
Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Patsy A. Hall
Suzette A. Park
Felicia J. Perry
Pearl Sharp

Informatics

T. Demetri Vacalis, Ph.D.
Michele D. Renshaw Erica R. Shaver

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Friday of each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/Publications/mmwr*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to: Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone (888) 232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Director, Centers for Disease Control and Prevention
Jeffrey P. Koplan, M.D., M.P.H.

Deputy Director for Science and Public Health, Centers for Disease Control and Prevention
David W. Fleming, M.D.

Director, Epidemiology Program Office
Stephen B. Thacker, M.D., M.Sc.

Editor, *MMWR* Series
John W. Ward, M.D.

Acting Managing Editor, *MMWR* (Weekly)
Teresa F. Rutledge

Writers-Editors, *MMWR* (Weekly)
Jill Crane
David C. Johnson

Desktop Publishing
Lynda G. Cupell
Morie M. Higgins

☆U.S. Government Printing Office: 2001-633-173/48205 Region IV

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

Official Business
Penalty for Private Use $300
Return Service Requested

9907 93036 N5038 0011
UNIVERSITY MICROFILMS
SERIALS ACQUISITION DEPT
300 NORTH ZEEB ROAD
ANN ARBOR MI 48103-1553